
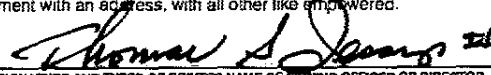


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N37979</b>		
1. Entity Name VENICE AVENUE COMMERCIAL SUBDIVISION ASSOCIATION, INC.		
Principal Place of Business 1210 EAST VENICE AVE VENICE, FL 34292 US		Mailing Address 1210 EAST VENICE AVE VENICE, FL 34292 US
<b>DO NOT WRITE IN THIS SPACE</b>		
8. Name and Address of Current Registered Agent  JESSUP II, THOMAS S 1210 EAST VENICE AVE VENICE, FL 34292		<b>DO NOT WRITE IN THIS SPACE</b>
9. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>		
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		000000152443 05/04/04-80085-023 70.00
TITLE	D	<b>DO NOT WRITE IN THIS SPACE</b>
NAME	BRITTON, TODD	
STREET ADDRESS	1190 EAST VENICE AVE	
CITY-ST-ZIP	VENICE, FL 34292	
TITLE	D	
NAME	JESSUP, TOM	
STREET ADDRESS	1210 EAST VENICE AVE	<b>DO NOT WRITE IN THIS SPACE</b>
CITY-ST-ZIP	VENICE, FL 34292	
TITLE	D	
NAME	MCCLLOUD, KEVIN	
STREET ADDRESS	881 EAST VENICE AVE.	
CITY-ST-ZIP	VENICE, FL 34292	
TITLE		<b>DO NOT WRITE IN THIS SPACE</b>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		<b>DO NOT WRITE IN THIS SPACE</b>
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: 		4/30/04 941484-9630 Date Daytime Phone #